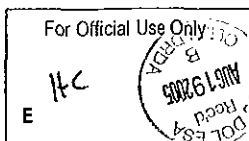


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 022-600 14042	2. Fiscal Year Covered From: 1/1/2004 Through: 12/31/2004
3. Name and address of person filing. Name William O'Keefe P.O. Box, Bldg., Room No., if any Street 810 PARKSIDE AVE. City TOMS RIVER, N.J. State NEW JERSEY ZIP Code + 4 08754	4. Name, file number, and address of labor organization. Name TEAMSTERS LOCAL 469 Labor Organization File Number 022-600 P.O. Box, Building and Room Number, if any Street 3400 RT. 35 South, Suite 7 City HAZLET State NEW JERSEY ZIP Code + 4 07730
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William O'Keefe

On 8/15/05
Date

732-929-3243
Telephone Number

Name of Person Filing William O. Keefe	File Number U- 022-600
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="height: 60px; border: 1px solid black;"></div>
	11.b. Approximate dollar value of such dealing. <div style="height: 30px; border: 1px solid black;"></div>
	12.a. Nature of interest held or income received. <div style="height: 100px; border: 1px solid black;"></div>
	12.b. Amount. <div style="height: 30px; border: 1px solid black;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Prudential Investments Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 3 Gateway Center City NEWARK State NEW JERSEY ZIP Code + 4 07102	14.a. Nature of payment. Lunch & Dinner meetings To discuss status of investments of Local 469 funds.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$ 699.37

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Name of Person Filing William D'Keefe	File Number U- 022-600
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p style="text-align: center; font-size: 2em;">N/A</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Teamsters Local 469 Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3400 Rt. 35 S, Suite 8</p> <p>City HACKETT</p> <p>State New Jersey ZIP Code + 4 07730</p>	<p>14.a. Nature of payment.</p> <p>Education Conference expenses + Registration</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$5,864.02</p>

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Name of Person Filing <u>William O'Keefe</u>	File Number U- <u>022-600</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>a. Labor Organization <input type="checkbox"/></p> <p>b. Trust <input type="checkbox"/></p> <p>c. Employer <input type="checkbox"/></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Robert BODOR</u></p> <p>Trade Name, if any: <u>Statfield Vantage Ins Group</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>P.O. Box 678</u></p> <p>Street <u>26 Columbus Tpk.</u></p> <p>City <u>Florham Park</u></p> <p>State <u>New Jersey</u> ZIP Code + 4 <u>07932</u></p>	<p>14.a. Nature of payment.</p> <p style="font-size: 1.2em;"><u>Lunch to discuss benefit's plans</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="font-size: 1.2em;"><u>\$45.-</u></p>